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Judy Muzyk  
Judy Muzyk

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) : Peter J. WILK et al.  
SERIAL NO. : 09/514,928  
FILED : 02/28/2000  
FOR : Ultrasonic Medica Device and Associated Method  
GROUP ART UNIT : 3737  
EXAMINER : Maulin M. PATEL

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

COMMENT ON REASONS FOR ALLOWANCE

S I R:

In the Reasons for Allowance, the Examiner repeatedly refers to applicants' claim 39 as reciting pulses differentially "coned" to enable detection of respective series of reflected pressure waves. The word set forth in the claim 39 is "coded" not "coned."

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

By: R. Neil Sudol

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Dated: September 2, 2003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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7590 06/02/2003

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Judith Muzyk

(Depositor's name)

*Judith Muzyk*  
 September 2, 2003

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/514,928	02/28/2000	Peter J. Wilk	W07-428	9269

TITLE OF INVENTION: ULTRASONIC MEDICAL DEVICE AND ASSOCIATED METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, MAULIN M	3737	600-459000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. R. Neil Sudol

2. Henry D. Coleman

3. William J. Sapone

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilk Ultrasound of Canada, Inc. Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

*R. Neil Sudol* September 2, 2003

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